IAC Accreditation Checklist
for Nuclear/PET

A guide to applying for IAC Nuclear/PET accreditation.

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### Step 1: Getting Started

- **Review the IAC Standards and Guidelines for Nuclear/PET Accreditation**
  The Standards are the basis for the IAC Nuclear/PET accreditation program and can be downloaded at [www.intersocietal.org/programs/nuclear-pet/standards](http://www.intersocietal.org/programs/nuclear-pet/standards). These Standards define the complete, minimum requirements for which an accredited facility is held accountable.

- **Perform a Thorough Facility Self-Assessment**
  Prior to beginning the accreditation application, applicant facilities should review current policies, protocols and final reports to ensure compliance with the IAC Standards.

- **Create or Access Existing IAC Online Accreditation Account**
  To access the IAC Online Accreditation application, login to your existing account ([iaconlineaccreditation.org](http://iaconlineaccreditation.org)) or create a new IAC Online Accreditation account (if you’re a first-time applicant). To learn more about accessing or creating an Online Accreditation account, please visit [iaconlineaccreditation.org/webdriver/AcctAssistance.aspx](http://iaconlineaccreditation.org/webdriver/AcctAssistance.aspx).

### Step 2: Gather Information for Submission

- **Procedure Volumes** (estimated annual facility procedure volume information)

- **NRC/Agreement State Radioactive Materials License** (for each site listed on the application)

- **Training/Experience Qualification Pathways for Interpreting Medical Staff**

- **Board Certificate and Registry/Certification for Medical and Technical Staff**

- **Physician Medical License**

- **BLS Certification** (for physicians or other personnel who supervise cardiac stress testing and for all technologists)

- **ACLS Certification** (an ACLS-trained person must be on site and immediately available during the performance of cardiac stress test procedures)

- **Continuing Medical Education (CME) Information for All Staff** (must be kept on file and available for submission to the IAC upon request): All staff members are required to have 15 CME/CE relevant to nuclear medicine/PET every three years; even if they are new to the facility.

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**Helpful Resource – Continuing Education (CE/CME) Finder**
Looking for CE/CME? Visit the [CE/CME course calendar](http://CE/CME course calendar) on the IAC website to search through a robust calendar of in-person, virtual and on-demand courses.
### Policies and Protocols

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Request for Services Policy:</strong></td>
<td>A policy for requesting clinical nuclear medicine procedures.</td>
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<tr>
<td><strong>Informed Consent Policy:</strong></td>
<td>A policy for obtaining informed consent for nuclear medicine procedures.</td>
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<tr>
<td><strong>Infection Control/Communicable Diseases Policy:</strong></td>
<td>A policy to ensure appropriate precautions to protect both patients and facility personnel are taken, in accordance with universal precautions.</td>
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<tr>
<td><strong>Hazardous Materials Policy:</strong></td>
<td>A policy to ensure appropriate precautions to be taken when using and storing flammable and toxic materials.</td>
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<tr>
<td><strong>Medical Emergencies Policy:</strong></td>
<td>A policy that includes a plan for responding to patient medical emergencies, which includes an outline of staff responsibilities.</td>
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<tr>
<td><strong>Handling of Non-Radioactive Pharmaceuticals Policy:</strong></td>
<td>A policy that includes storage and preparation instructions, and identity, dose, expiration date verification and documentation.</td>
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<tr>
<td><strong>Drug Administration Errors Policy:</strong></td>
<td>A policy that includes instructions for recording, reporting and documentation of drug administration errors.</td>
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<tr>
<td><strong>Adverse Drug Reactions Policy:</strong></td>
<td>A policy that includes instructions for documenting and reporting adverse drug reactions.</td>
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<tr>
<td><strong>Primary Source Verification Policy:</strong></td>
<td>A policy for verifying all medical and technical staff member credentials through the applicable issuing agencies.</td>
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<tr>
<td><strong>Patient Identification Policy:</strong></td>
<td>A policy that includes instructions for identifying the patient using at least two patient identifiers.</td>
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<tr>
<td><strong>Patient Complaint Policy:</strong></td>
<td>A policy that outlines the process for patients to issue a complaint/grievance about the care/services they received at your facility.</td>
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<td><strong>Pregnancy/Breast Feeding Policy:</strong></td>
<td>A policy that assures that patients who could be pregnant or breastfeeding are identified.</td>
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<tr>
<td><strong>Radiopharmaceutical Administration Policy:</strong></td>
<td>A policy that assures the safe administration of radiopharmaceuticals to patients</td>
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<tr>
<td><strong>Radiation Safety and Radioactive Materials Handling Protocols:</strong></td>
<td>Protocols for radiation safety and the handling of radioactive materials (e.g., safe use and handling of radioactive materials, preparation (if applicable), and radioactive materials storage and disposal).</td>
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<tr>
<td><strong>Clinical Imaging Protocols for All Procedures Performed:</strong></td>
<td>Clinical procedure manual that includes every clinical procedure performed at the facility, even those performed only occasionally.</td>
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<td><strong>Exercise/Pharmacologic Stress Protocols:</strong></td>
<td>A site specific stress protocol for all types of stressing activity performed (e.g., exercise, dipyridamole, adenosine, regadenoson or dobutamine).</td>
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<tr>
<td><strong>Quality Control Protocols</strong>: Site-specific written instructions for the performance of quality control tests (equipment manufacturer’s manuals will not be accepted).</td>
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<td><strong>Quality Control Images/Documentation</strong>: The most recent quality control images/records for imaging equipment is required.</td>
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<td><strong>Preventive Maintenance Documentation</strong>: Preventive maintenance must be performed semiannually by qualified service personnel.</td>
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<tr>
<td><strong>Quality Improvement (QI) Plan</strong>: A written QI plan that includes QI measure of test appropriateness, technical quality review, interpretive quality review, and final report completeness and timeliness.</td>
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<td><strong>Quality Improvement (QI) Meeting Minutes</strong>: A minimum of two Nuclear/PET QI meetings per year must be held to review the findings of the QI measures and to determine actions for improvement of performance.</td>
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**Helpful Resource – Sample Document Repository**
Sample versions of policies and protocols listed above can be found in the IAC Sample Document Repository >> Select Nuclear/PET under modality or use the search bar.

**Case Study Requirements**
All case studies must be from within one year from the application submission date. At least one case study must be interpreted by the Medical Director.

- **Nuclear Cardiology**:
  - **Myocardial Perfusion Imaging (MPI)**:
    - 4 case studies
      - 1 normal and 3 abnormal* studies
      - At least 1 exercise stress and 1 pharmacologic stress study
    - *A study with breast or subdiaphragmatic attenuation does not qualify as abnormal.
  - **Images to Submit** (view sample images):
    - Movies (cine) of rest and stress rotating images (to check for motion and overall quality) (if available)
    - Movie (cine) of gated SPECT slices (to view wall motion)
    - Reconstructed stress-rest slices (gray scale and color)
    - Calculated LVEF and time volume curve
    - Gated SPECT slices in end diastole and end systole
    - Quantitative data, polar maps, etc.
  - **Equilibrium Radionuclide Angiography (ERNA or Gated Blood Pool)**:
    - 4 case studies
      - Case studies may be normal or abnormal
      - Note: Only 2 ERNA case studies will be required if the facility is seeking accreditation in an additional nuclear cardiology area.
Images to Submit:

- Movie (CINE) of the LAO45, anterior and left lateral views (if available) or a screen capture of all three views
- LVEF curve and calculated EF

Other Cardiovascular:

- 4 case studies
  - Case studies may be normal or abnormal
  
  Note: Only 2 case studies will be required if the facility is seeking accreditation in an additional nuclear cardiology area.

General Nuclear Medicine (GNM):

- GNM case study submission requirements will be automatically calculated based on the information entered in the online application. A minimum of 4 (maximum of 12) cases will be required.
- If applying in one testing area of GNM, submit 4 abnormal cases. If applying for accreditation in more than one testing area of GNM, submit 2 abnormal cases for each testing area performed.

The 6 testing areas available for GNM are listed below:

- Musculoskeletal / Infection / Tumor
- Gastrointestinal
- Genitourinary
- Endocrine / Endocrine Non-imaging
- Hematopoietic, Reticuloendothelial, Lymphatic / Pulmonary / Central Nervous System
- Therapy

PET (Oncology, Neurology and Cardiology):

- If applying for one testing area of PET (oncology, neurology or cardiology), submit 4 abnormal cases. For cardiology only, 1 case study may be normal.
- If applying for accreditation in more than one testing area of PET (oncology, neurology or cardiology), submit 2 abnormal cases for each testing area performed.

PET cardiology images to submit:

- Movie (cine) of gated slices (to view wall motion)
- Reconstructed stress-rest slices (gray scale and color)
- Calculated LVEF and time volume curve
- Gated slices in end diastole and end systole
- Quantitative data, polar maps, etc.
- Rest emission/transmission or CT registration images (3 planes)
- Stress emission/transmission or CT registration images (3 planes)

If flow is performed:

- Images of flow with ROIs
- Flow curves
- Quantitative rest and stress flow and myocardial flow reserve

Multiple Sites:

- Submit 2 abnormal case studies from any testing area in which the facility is applying for accreditation.
- The 2 abnormal cases are in addition to the requirements for the primary site above.

For details and instructions on case study image submission, please visit [www.intersocietal.org/case-study-upload-submission](http://www.intersocietal.org/case-study-upload-submission).
## Step 3: Complete Online Application

- **IAC Online Accreditation has two major aspects: an account profile and an application questionnaire.** After completing required fields and sections of the account profile (Manage Staff, Manage Sites and Manage Equipment), proceed to the questionnaire by clicking the Applications tab.

- It is within the questionnaire that applicant facilities will provide detailed information about the facility and upload the supporting documentation (detailed above in Step 2). For facilities applying for reaccreditation, the IAC QuickFill Reaccreditation feature retains and copies previous application data into your reaccreditation application.

- When the questionnaire is completed, the [Begin Pre-submission Check] button is presented on the Conclusion screen. Once the pre-submission case requirements check is initiated, changes to the application are not permitted unless the IAC staff find errors in the case selection.

## Step 4: Pre-Submission Case Study Requirements Check

- About two weeks prior to the expected final submission date, the pre-submission case study requirements check must be initiated. IAC staff will review case study documentation in the application to ensure accurate case study selection, staff and site representation.

- Facilities will receive an e-mail from the IAC, within two business days, to update their case study documentation, as requested or proceed to final submission.

- The check is performed to provide a more efficient application submission and review process for the facility. **Case study images should not be uploaded until the pre-submission case study check is complete.**

- Once the pre-submission case study requirements check has been completed and any errors rectified, you will proceed to final submission via the conclusion screen of the online application and submit case study images (see Step 5).

## Step 5: Submitting the Application

- During final submission, the payment method will be selected, and you will be instructed to upload the case study images and fee* (if paid by check) within 5 business days.

- **Effective January 1, 2021, shipped case study materials are no longer accepted.** Facilities are now required to upload all materials through IAC’s HIPAA-compliant, secure medical imaging sharing service. For more details on uploading cases, please visit [www.intersocietal.org/case-study-upload-submission](http://www.intersocietal.org/case-study-upload-submission).

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*The application fee paid during final submission covers the three-year accreditation cycle. View the complete fee structure at [www.intersocietal.org/programs/nuclear-pet/program-fees](http://www.intersocietal.org/programs/nuclear-pet/program-fees).*
**Step 6: After You Submit**

After submission, the application is locked and becomes your final application submission. A read-only copy of the submitted application questionnaire is accessible by using the Applications link (click on Online Application Tools icon) in your Online Accreditation account.

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The [application review process](#) takes approximately 8 to 10 weeks* to complete. The accreditation decision will be provided to the facility via a notification letter that may be downloaded from the Online Accreditation account.

*For expedited applications, ensure that the case study images are received by the IAC within two business days after final submission of the application.

**Helpful Resource – Quick Links**

- [Upcoming Webinars](#)
- [On Demand Webcasts](#)
- [Marketing Your IAC Accreditation](#)